Request for a New Program
Michigan State University
Office of the Provost

Date: ______________________________

1. Department/School/College: ________________________________

2. Name of Program: ________________________________
   Curriculum and Major Code(s): ________________________________

3. Name of Degree: ________________________________

4. Type of Program: ________________________________
   Major ____________________
   Online (Off-campus) ____________________
   Online (On-campus) ____________________
   Other ____________________
   If other, please specify Type of Program: ____________________
   If TE, *** Requires Michigan State Department of Education Approval: _____

5. Effective Start Semester: ________________________________
   To which students will the program be made available: ____________________
   ____________________

6. Target student audience for the program: ____________________
   ____________________

7. Enrollment:
   What is the expected enrollment per year: ____________________
   What is the minimum enrollment acceptable: ____________________

8. Source of budget for the program:
   Internal reallocation ____________________
   College reallocation ____________________
   New funds ____________________

9. Projected costs as compared to other programs in unit:
   Much higher ____________________
   About the same ____________________
   Much lower ____________________
10. Staff requirement:
   How many additional staff will be required: ______
   Indicate who will provide the primary instruction and the names of their
departments/schools/colleges. Describe any external professional linkages
(industry government, etc.) __________________________
   __________________________

11. Will additional equipment be required: No _____ Yes _____
   Approximate cost: ___________
   Source of funding: __________________________
   __________________________

12. Will additional library materials be required: No _____ Yes _____
   Approximate cost: ___________
   Source of funding: __________________________
   __________________________

13. Will additional space be required: No _____ Yes _____
   Type: __________________________
   Approximate amount __________________________

14. If the program requirements contain a named concentration, do you wish for the
   concentration to be noted on the student's transcript? Please indicate yes or no.
   This is done on a program basis, not student-by-student.

15. Detailed Description: __________________________
   __________________________
   __________________________
   __________________________

16. Are there admissions requirements for this program?
   Grade or grade-point average requirements and if so in which course(s), portfolio
   requirement, audition, essay, etc. If there are not admission requirements other than
   those required by the University policy indicate "none".
   __________________________
   __________________________
   __________________________
   __________________________